

<div> <div>CIGNA Dental Care Patient Charge Schedule Comparison</div> <div>L1-05 and L1R04</div> </div>					
Code	Description	L1-05	Code	Description	L1R04
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	0	D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	0
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	0	D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9450	Case Presentation, Detailed and Extensive Treatment Planning	0	D9450	Case Presentation, Detailed and Extensive Treatment Planning	0
D0120	Periodic Oral Evaluation	0	D0120	Periodic Oral Evaluation	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0140	Limited Oral Evaluation - Problem Focused	0
D0150	Comprehensive Oral Evaluation - New or Established Patient	0	D0150	Comprehensive Oral Evaluation - New or Established Patient	0
D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0210	X-Rays Intraoral - Complete Series (including bitewings) (Limit 1 Every 3 Years)	0	D0210	X-Rays Intraoral - Complete Series (including bitewings) (Limit 1 Every 3 Years)	0
D0220	X-Rays Intraoral - Periapical First Film	0	D0220	X-Rays Intraoral - Periapical First Film	0
D0230	X-Rays Intraoral - Periapical Each Additional Film	0	D0230	X-Rays Intraoral - Periapical Each Additional Film	0
D0240	X-Rays Intraoral - Occlusal Film	0	D0240	X-Rays Intraoral - Occlusal Film	0
D0270	X-Rays (Bitewing) - Single Film	0	D0270	X-Rays (Bitewing) - Single Film	0
D0272	X-Rays (Bitewings) - Two Films	0	D0272	X-Rays (Bitewings) - Two Films	0
D0274	X-Rays (Bitewings) - Four Films	0	D0274	X-Rays (Bitewings) - Four Films	0
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films	0	D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films	0
D0330	X-Rays (Panoramic Film) - (Limit 1 every 3 years)	0	D0330	X-Rays (Panoramic Film) - (Limit 1 every 3 years)	0
D0460	Pulp Vitality Tests	0	D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0	D0470	Diagnostic Casts	0
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report	0	D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report	0
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	0	D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	0
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	0	D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	0
**	Code deleted under CDT4 2003		**	Code deleted under CDT4 2003	
D1110	Prophylaxis - Adult (Limit 1 Every 6 Months)	0	D1110	Prophylaxis - Adult (Limit 1 Every 6 Months)	0
	(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	41		(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	50
D1120	Prophylaxis - Child (Limit 1 Every 6 Months)	0	D1120	Prophylaxis - Child (Limit 1 Every 6 Months)	0
	(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	30		(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	35
D1203	Topical Application of Fluoride - (prophylaxis not included) - Child (Up to 19th Birthday) (Limit 1 Every 6 Months)	0	D1203	Topical Application of Fluoride - (prophylaxis not included) - Child (Up to 19th Birthday) (Limit 1 Every 6 Months)	0
D1330	Oral Hygiene Instructions	0	D1330	Oral Hygiene Instructions	0
D1351	Sealant - Per Tooth - (Up to 14th Birthday)	15	D1351	Sealant - Per Tooth - (Up to 14th Birthday)	15
D1510	Space Maintainer - Fixed - Unilateral	85	D1510	Space Maintainer - Fixed - Unilateral	85
D1515	Space Maintainer - Fixed - Bilateral	85	D1515	Space Maintainer - Fixed - Bilateral	85
RESTORATIVE (Fillings)			RESTORATIVE (Fillings)		
D2140	Amalgam - One Surface, Primary or Permanent	5	D2140	Amalgam - One Surface, Primary or Permanent	0
D2150	Amalgam - Two Surfaces, Primary or Permanent	5	D2150	Amalgam - Two Surfaces, Primary or Permanent	0
D2160	Amalgam - Three Surfaces, Primary or Permanent	10	D2160	Amalgam - Three Surfaces, Primary or Permanent	0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	15	D2161	Amalgam - Four or More Surfaces, Primary or Permanent	0
D2330	Resin-Based Composite - One Surface, Anterior	5	D2330	Resin-Based Composite - One Surface, Anterior	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	10	D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	15	D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	75	D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	75
D2390	Resin-Based Composite Crown, Anterior	70	D2390	Resin-Based Composite Crown, Anterior	75/70
D2391	Resin-Based Composite - One Surface, Posterior	35	D2391	Resin-Based Composite - One Surface, Posterior	30
D2392	Resin-Based Composite - Two Surfaces, Posterior	45	D2392	Resin-Based Composite - Two Surfaces, Posterior	40
D2393	Resin-Based Composite - Three Surfaces, Posterior	65	D2393	Resin-Based Composite - Three Surfaces, Posterior	55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	85	D2394	Resin-Based Composite - Four or More Surfaces, Posterior	75
CROWN AND BRIDGE All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) - Replacement limit 1every 5 years.			CROWN AND BRIDGE All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) - Replacement limit 1every 5 years.		
D2510	Inlay - Metallic - One Surface	335	D2510	Inlay - Metallic - One Surface	235
D2520	Inlay - Metallic - Two Surfaces	335	D2520	Inlay - Metallic - Two Surfaces	235
D2530	Inlay - Metallic - Three or More Surfaces	335	D2530	Inlay - Metallic - Three or More Surfaces	235
D2542	Onlay - Metallic - Two Surfaces	390	D2542	Onlay - Metallic - Two Surfaces	285
D2543	Onlay - Metallic - Three Surfaces	390	D2543	Onlay - Metallic - Three Surfaces	285
D2544	Onlay - Metallic - Four or More Surfaces	390	D2544	Onlay - Metallic - Four or More Surfaces	285
D2740	Crown - Porcelain/Ceramic Substrate	415	D2740	Crown - Porcelain/Ceramic Substrate	365
D2750	Crown - Porcelain Fused to High Noble Metal	380	D2750	Crown - Porcelain Fused to High Noble Metal	355
D2751	Crown - Porcelain Fused to Predominantly Base Metal	335	D2751	Crown - Porcelain Fused to Predominantly Base Metal	285
D2752	Crown - Porcelain Fused to Noble Metal	360	D2752	Crown - Porcelain Fused to Noble Metal	345
D2780	Crown - 3/4 Cast High Noble Metal	380	D2780	Crown - 3/4 Cast High Noble Metal	355
D2781	Crown - 3/4 Cast Predominantly Base Metal	335	D2781	Crown - 3/4 Cast Predominantly Base Metal	285
D2782	Crown - 3/4 Cast Noble Metal	360	D2782	Crown - 3/4 Cast Noble Metal	345
D2790	Crown - Full Cast High Noble Metal	380	D2790	Crown - Full Cast High Noble Metal	355
D2791	Crown - Full Cast Predominantly Base Metal	335	D2791	Crown - Full Cast Predominantly Base Metal	285
D2792	Crown - Full Cast Noble Metal	360	D2792	Crown - Full Cast Noble Metal	345
D2910	Recement Inlay	0	D2910	Recement Inlay	0
D2920	Recement Crown	0	D2920	Recement Crown	0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	85	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	60
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	85	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	60
D2932	Prefabricated Resin Crown	105	D2932	Prefabricated Resin Crown	70
D2933	Prefabricated Stainless Steel Crown with Resin Window	130	D2933	Prefabricated Stainless Steel Crown with Resin Window	130
D2940	Sedative Filling	0	D2940	Sedative Filling	0
D2950	Core Buildup, Including Any Pins	90	D2950	Core Buildup, Including Any Pins	90
D2951	Pin Retention - Per Tooth, In Addition to Restoration	15	D2951	Pin Retention - Per Tooth, In Addition to Restoration	15
D2952	Cast Post and Core, In Addition to Crown	135	D2952	Cast Post and Core, In Addition to Crown	105
D2954	Prefabricated Post and Core In Addition to Crown	110	D2954	Prefabricated Post and Core In Addition to Crown	90
D2960	Labial veneer (Resin Laminate) - Chairside	75	D2960	Labial veneer (Resin Laminate) - Chairside	75
D6210	Pontic - Cast High Noble Metal	380	D6210	Pontic - Cast High Noble Metal	350

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Code	Description	L1-05	Code	Description	L1R04
D6211	Pontic - Cast Predominantly Base Metal	335	D6211	Pontic - Cast Predominantly Base Metal	280
D6212	Pontic - Cast Noble Metal	360	D6212	Pontic - Cast Noble Metal	340
D6240	Pontic - Porcelain Fused to High Noble Metal	380	D6240	Pontic - Porcelain Fused to High Noble Metal	350
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	335	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	280
D6242	Pontic - Porcelain Fused to Noble Metal	360	D6242	Pontic - Porcelain Fused to Noble Metal	340
D6245	Pontic - Porcelain/Ceramic	375	D6245	Pontic - Porcelain/Ceramic	365
D6602	Inlay - Cast High Noble Metal, Two Surfaces	380	D6602	Inlay - Cast High Noble Metal, Two Surfaces	235
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	380	D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	235
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	335	D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	235
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	335	D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	235
D6606	Inlay - Cast Noble Metal, Two Surfaces	360	D6606	Inlay - Cast Noble Metal, Two Surfaces	235
D6607	Inlay - Cast Noble Metal, Three or More Surfaces	360	D6607	Inlay - Cast Noble Metal, Three or More Surfaces	235
D6610	Onlay - Cast High Noble Metal, Two Surfaces	380	D6610	Onlay - Cast High Noble Metal, Two Surfaces	285
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	380	D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	285
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	335	D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	285
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	335	D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	285
D6614	Onlay - Cast Noble Metal, Two Surfaces	360	D6614	Onlay - Cast Noble Metal, Two Surfaces	285
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	360	D6615	Onlay - Cast Noble Metal, Three or More Surfaces	285
D6740	Crown - Porcelain/Ceramic	415	D6740	Crown - Porcelain/Ceramic	365
D6750	Crown - Porcelain Fused to High Noble Metal	380	D6750	Crown - Porcelain Fused to High Noble Metal	355
D6751	Crown - Porcelain Fused to Predominantly Base Metal	335	D6751	Crown - Porcelain Fused to Predominantly Base Metal	285
D6752	Crown - Porcelain Fused to Noble Metal	360	D6752	Crown - Porcelain Fused to Noble Metal	345
D6780	Crown - 3/4 Cast High Noble Metal	380	D6780	Crown - 3/4 Cast High Noble Metal	355
D6781	Crown - 3/4 Cast Predominantly Base Metal	335	D6781	Crown - 3/4 Cast Predominantly Base Metal	285
D6782	Crown - 3/4 Cast Noble Metal	360	D6782	Crown - 3/4 Cast Noble Metal	345
D6790	Crown - Full Cast High Noble Metal	380	D6790	Crown - Full Cast High Noble Metal	355
D6791	Crown - Full Cast Predominantly Base Metal	335	D6791	Crown - Full Cast Predominantly Base Metal	285
D6792	Crown - Full Cast Noble Metal	360	D6792	Crown - Full Cast Noble Metal	345
	Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION (6 OR MORE UNITS OF CROWN AND/OR BRIDGE IN SAME TREATMENT PLAN REQUIRES COMPLEX REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST FOR THE GUIDELINES)	125		Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION (6 OR MORE UNITS OF CROWN AND/OR BRIDGE IN SAME TREATMENT PLAN REQUIRES COMPLEX REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST FOR THE GUIDELINES)	125
D6930	Recent Fixed Partial Denture	0	D6930	Recent Fixed Partial Denture	0
ENDODONTICS (Root Canal Treatment, Excluding Final Restorations)			ENDODONTICS (Root Canal Treatment, Excluding Final Restorations)		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)- Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	62	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)- Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	65
D3221	Pulpal Debridement, Primary and Permanent Teeth (Not to be Used by Provider Completing Endodontic Treatment)	58	D3221	Pulpal Debridement, Primary and Permanent Teeth (Not to be Used by Provider Completing Endodontic Treatment)	65
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	210	D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	125
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	245	D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	215
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	335	D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	305
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	90	D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	65
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	90	D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	65
D3333	Internal Root Repair of Perforation Defects	90	D3333	Internal Root Repair of Perforation Defects	65
D3346	Retreatment of Previous Root Canal Therapy - Anterior	280	D3346	Retreatment of Previous Root Canal Therapy - Anterior	145
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	320	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	250
D3348	Retreatment of Previous Root Canal Therapy - Molar	400	D3348	Retreatment of Previous Root Canal Therapy - Molar	365
D3410	Apicoectomy/Periradicular Surgery - Anterior	250	D3410	Apicoectomy/Periradicular Surgery - Anterior	175
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	250	D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	175
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	250	D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	175
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	100	D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	100
D3430	Retrograde Filling - Per Root	65	D3430	Retrograde Filling - Per Root	35
PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)			PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)		
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	40	D0180	Comprehensive Periodontal Evaluation - New or Established Patient	40
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	160	D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	135
D4211	Gingivectomy or Gingivoplasty - One to Three Teeth, Per Quadrant	71	D4211	Gingivectomy or Gingivoplasty - One to Three Teeth, Per Quadrant	60
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	205	D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	160
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Teeth, Per Quadrant	105	D4241	Gingival Flap Procedure, Including Root Planing - One to Three Teeth, Per Quadrant	80
D4245	Apically Positioned Flap	205	D4245	Apically Positioned Flap	160
D4249	Clinical Crown Lengthening - Hard Tissue	230	D4249	Clinical Crown Lengthening - Hard Tissue	135
D4260	Osseous Surgery - Including Flap Entry and Closure -Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	395	D4260	Osseous Surgery - Including Flap Entry and Closure -Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	395
D4261	Osseous Surgery - Including Flap Entry and Closure -One to Three Teeth, Per Quadrant	200	D4261	Osseous Surgery - Including Flap Entry and Closure -One to Three Teeth, Per Quadrant	165/235
D4263	Bone Replacement Graft - First Site in Quadrant	225	D4263	Bone Replacement Graft - First Site in Quadrant	225
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	175	D4264	Bone Replacement Graft - Each Additional Site in Quadrant	175
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	295	D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	295
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	335	D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	335
D4270	Pedicle Soft Tissue Graft Procedure	280	D4270	Pedicle Soft Tissue Graft Procedure	225
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	280	D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	225
D4275	Soft Tissue Allograft	280	D4275	Soft Tissue Allograft	225

CIGNA Dental Care Patient Charge Schedule Comparison L1-05 and L1R04					
Code	Description	L1-05	Code	Description	L1R04
D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	80	D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	60
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	40	D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	25/35
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis (1 Per Lifetime)	55	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis (1 Per Lifetime)	60
D4381	Localized Delivery of Chemotherapeutic Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	60	D4381	Localized Delivery of Chemotherapeutic Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	60
D4910	Periodontal Maintenance (Limit of 2 Within the First 12 Months After Active Therapy)	50	D4910	Periodontal Maintenance (Limit of 2 Within the First 12 Months After Active Therapy)	45
D9940	Occlusal Guard - By Report	180	D9940	Occlusal Guard - By Report	155
D9951	Occlusal Adjustment - Limited	40	D9951	Occlusal Adjustment - Limited	40
D9952	Occlusal Adjustment - Complete	185	D9952	Occlusal Adjustment - Complete	120
PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion - Replacement Limit 1 Every 5 Years)			PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion - Replacement Limit 1 Every 5 Years)		
D5110	Complete Denture - Maxillary	420	D5110	Complete Denture - Maxillary	320
D5120	Complete Denture - Mandibular	420	D5120	Complete Denture - Mandibular	320
D5130	Immediate Denture - Maxillary	420	D5130	Immediate Denture - Maxillary	320
D5140	Immediate Denture - Mandibular	420	D5140	Immediate Denture - Mandibular	320
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	310	D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	290
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	310	D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	290
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	485	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	360
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	485	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	360
D5410	Adjust Complete Denture - Maxillary	25	D5410	Adjust Complete Denture - Maxillary	15
D5411	Adjust Complete Denture - Mandibular	25	D5411	Adjust Complete Denture - Mandibular	15
D5421	Adjust Partial Denture - Maxillary	25	D5421	Adjust Partial Denture - Maxillary	15
D5422	Adjust Partial Denture - Mandibular	25	D5422	Adjust Partial Denture - Mandibular	15
REPAIRS TO PROSTHETICS			REPAIRS TO PROSTHETICS		
D5510	Repair Broken Complete Denture Base	50	D5510	Repair Broken Complete Denture Base	50
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	50	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	50
D5610	Repair Resin Denture Base	50	D5610	Repair Resin Denture Base	50
D5630	Repair or Replace Broken Clasp	65	D5630	Repair or Replace Broken Clasp	50
D5640	Replace Broken Teeth - Per Tooth	50	D5640	Replace Broken Teeth - Per Tooth	50
D5650	Add Tooth to Existing Partial Denture	50	D5650	Add Tooth to Existing Partial Denture	50
D5660	Add Clasp to Existing Partial Denture	65	D5660	Add Clasp to Existing Partial Denture	50
DENTURE RELINING (Limit 1 Every 36 Months)			DENTURE RELINING (Limit 1 Every 36 Months)		
D5710	Rebase Complete Maxillary Denture	150	D5710	Rebase Complete Maxillary Denture	105
D5711	Rebase Complete Mandibular Denture	150	D5711	Rebase Complete Mandibular Denture	105
D5720	Rebase Maxillary Partial Denture	150	D5720	Rebase Maxillary Partial Denture	105
D5721	Rebase Mandibular Partial Denture	150	D5721	Rebase Mandibular Partial Denture	105
D5730	Reline Complete Maxillary Denture (Chairside)	85	D5730	Reline Complete Maxillary Denture (Chairside)	60
D5731	Reline Complete Mandibular Denture (Chairside)	85	D5731	Reline Complete Mandibular Denture (Chairside)	60
D5740	Reline Maxillary Partial Denture (Chairside)	85	D5740	Reline Maxillary Partial Denture (Chairside)	60
D5741	Reline Mandibular Partial Denture (Chairside)	85	D5741	Reline Mandibular Partial Denture (Chairside)	60
D5750	Reline Complete Maxillary Denture (Laboratory)	130	D5750	Reline Complete Maxillary Denture (Laboratory)	105
D5751	Reline Complete Mandibular Denture (Laboratory)	130	D5751	Reline Complete Mandibular Denture (Laboratory)	105
D5760	Reline Partial Maxillary Denture (Laboratory)	130	D5760	Reline Partial Maxillary Denture (Laboratory)	105
D5761	Reline Partial Mandibular Denture (Laboratory)	130	D5761	Reline Partial Mandibular Denture (Laboratory)	105
INTERIM DENTURES (Limit 1 Every 5 years)			INTERIM DENTURES (Limit 1 Every 5 years)		
D5810	Interim Complete Denture (Maxillary)	220	D5810	Interim Complete Denture (Maxillary)	155
D5811	Interim Complete Denture (Mandibular)	220	D5811	Interim Complete Denture (Mandibular)	155
D5820	Interim Partial Denture - (Maxillary)	180	D5820	Interim Partial Denture - (Maxillary)	125
D5821	Interim Partial Denture - (Mandibular)	180	D5821	Interim Partial Denture - (Mandibular)	125
ORAL SURGERY (Includes Routine Post-Operative Treatment)			ORAL SURGERY (Includes Routine Post-Operative Treatment)		
D7111	Coronal Remnants - Deciduous Tooth	5	D7111	Coronal Remnants - Deciduous Tooth	0
	D7140 replaces D7110/D7120/D7130 per CDT4 2003			D7140 replaces D7110/D7120/D7130 per CDT4 2003	
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	5	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	0
D7210	Surgical Extraction Erupted Tooth	65	D7210	Surgical Extraction Erupted Tooth	60
Surgical Removal of Impacted Tooth - (Not Covered Unless Pathology [Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons <u>only</u> is not covered.			Surgical Removal of Impacted Tooth - (Not Covered Unless Pathology [Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons <u>only</u> is not covered.		
D7220	Removal of Impacted Tooth - Soft Tissue	50	D7220	Removal of Impacted Tooth - Soft Tissue	45
D7230	Removal of Impacted Tooth - Partially Bony	95	D7230	Removal of Impacted Tooth - Partially Bony	85
D7240	Removal of Impacted Tooth - Completely Bony	140	D7240	Removal of Impacted Tooth - Completely Bony	125
D7241	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	140	D7241	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	125
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	65	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	60
D7260	Oroantral Fistula Closure	140	D7260	Oroantral Fistula Closure	140
D7261	Primary Closure of a Sinus Perforation	140	D7261	Primary Closure of a Sinus Perforation	140
D7270	Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0	D7270	Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	0	D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	0
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	0	D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	0
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	95	D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	95
D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	75	D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with another surgical procedure)	75
D7310	Alveoplasty in Conjunction with Extractions - Per Quadrant	65	D7310	Alveoplasty in Conjunction with Extractions - Per Quadrant	65

CIGNA Dental Care Patient Charge Schedule Comparison L1-05 and L1R04					
Code	Description	L1-05	Code	Description	L1R04
D7320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	85	D7320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	85
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	0	D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	0
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	0	D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	0
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	0	D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	0
D7472	Removal of Torus Palatinus	0	D7472	Removal of Torus Palatinus	0
D7473	Removal of Torus Mandibularis	0	D7473	Removal of Torus Mandibularis	0
D7485	Surgical Reduction of Osseous Tuberosity	85	D7485	Surgical Reduction of Osseous Tuberosity	85
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	0	D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	0
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	0	D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	0
ORTHODONTICS (Tooth Movement)			ORTHODONTICS (Tooth Movement)		
D8660	Pre-Orthodontic Treatment Visit	50	D8660	Pre-Orthodontic Treatment Visit	40
D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)	150	D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)	150
D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	375	D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	275
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	375	D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	275
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	400	D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	300
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	400	D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	300
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	400	D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	300
Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment) - can include:			Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment) - can include:		
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract) Children (Up to 19th Birthday) Adults	1800 2400	D8670	Periodic Orthodontic Treatment Visit (As Part of Contract) Children (Up to 19th Birthday) Adults	
					1700 2300
Atypical cases or cases beyond 24 months require an additional payment by the patient.			Atypical cases or cases beyond 24 months require an additional payment by the patient.		
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	300	D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	300
General Anesthesia/IV Sedation - covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule.			General Anesthesia/IV Sedation - covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule.		
D9220	Deep Sedation/General Anesthesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	130	D9220	Deep Sedation/General Anesthesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	115
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	65	D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	60
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	130	D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	115
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	65	D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	60
EMERGENCY SERVICES			EMERGENCY SERVICES		
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	0	D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	0
D9440	Office Visit - After Regularly Scheduled Hours	54	D9440	Office Visit - After Regularly Scheduled Hours	55

In case of any discrepancy between these CIGNA Dental Care patient charges and the actual Patient Charge Schedule (PCS), the PCS will prevail.

Different Codes may be used to describe these covered procedures.

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